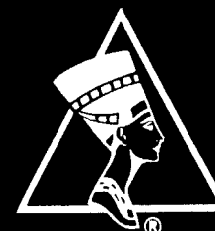




PLASTIC SURGERY  
EDUCATIONAL FOUNDATION



THE AMERICAN SOCIETY FOR  
AESTHETIC PLASTIC SURGERY, INC.

# *The Silicone Breast Implant* *Education Symposium*

Patient Self Monitoring And Training Accurate Initial Assessment

**ASPS/PSEF – ASAPS**

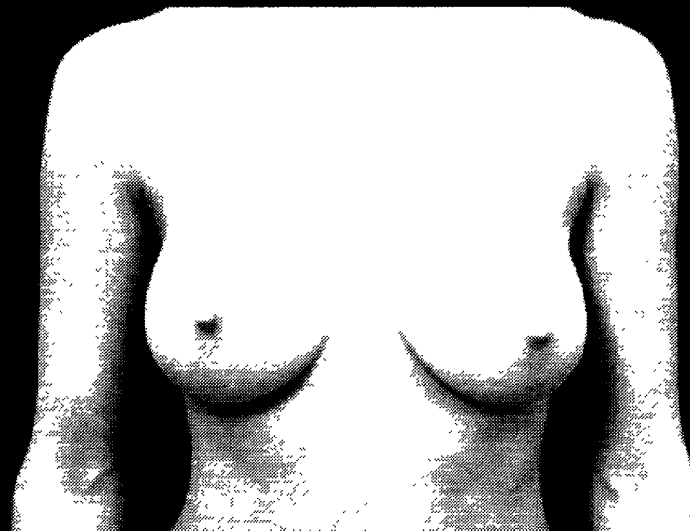
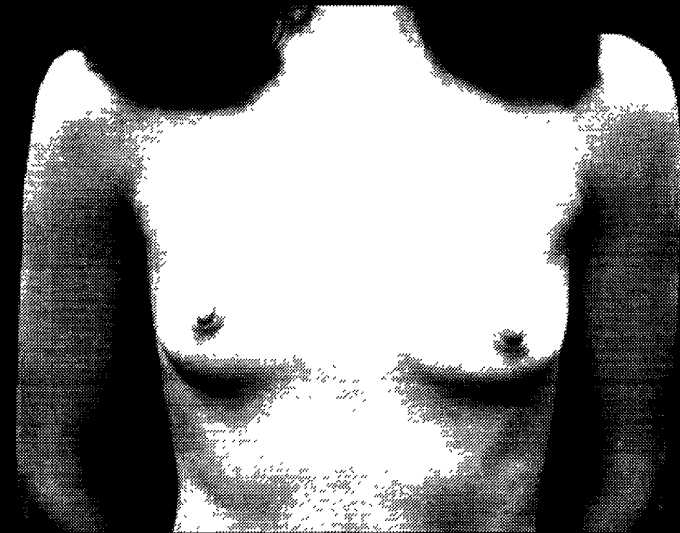
Laurie A. Casas, M.D.

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# Managing Patient Expectations

- Bra size
- Cleavage
- Perkiness

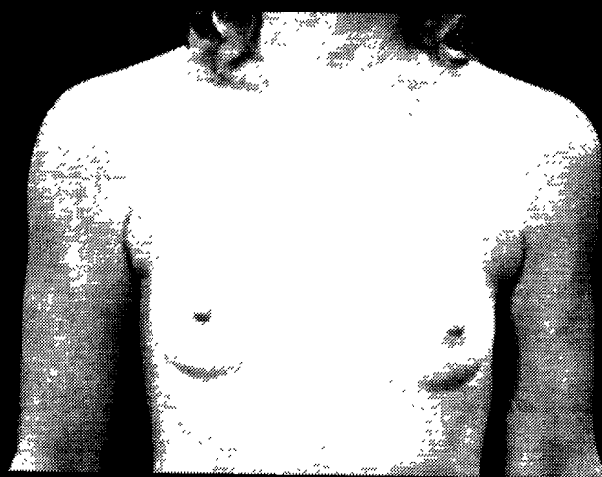


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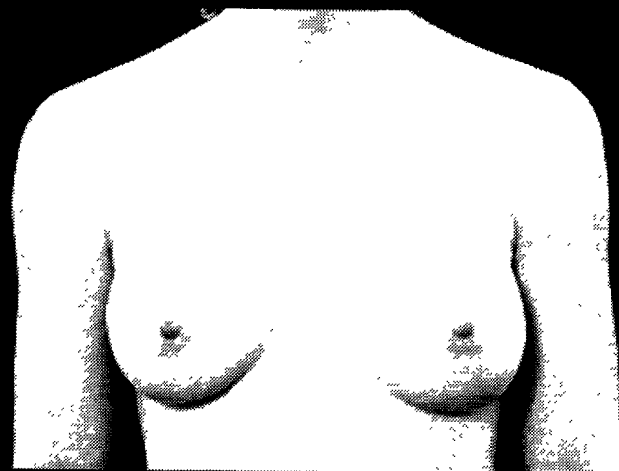
# *Managing Patient Expectations*

- Analyze and Document Breast Dimensions
  - Breast
    - Volume, Width, Shape
  - Nipple-Areola
    - Size, Shape, Position
  - Chest Wall
    - Bone, Muscle

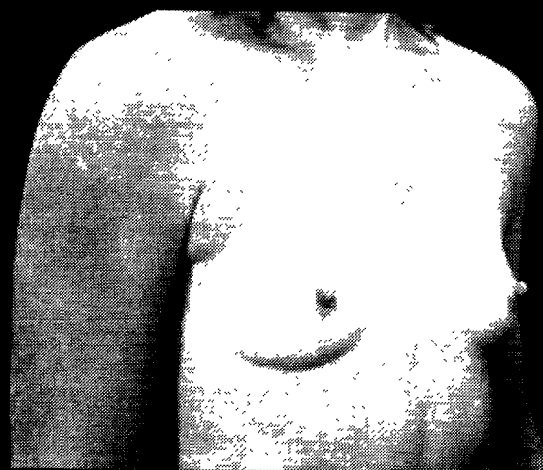
# *Preop Asymmetries Persist*



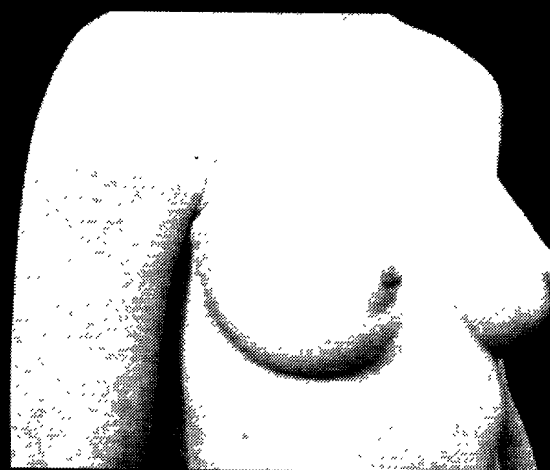
*Width Asymmetry, IFC Asymmetry*



R=300cc L=315cc



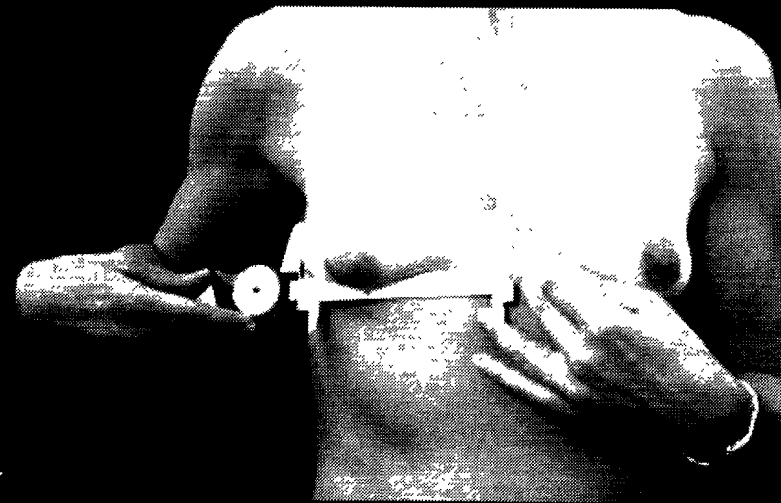
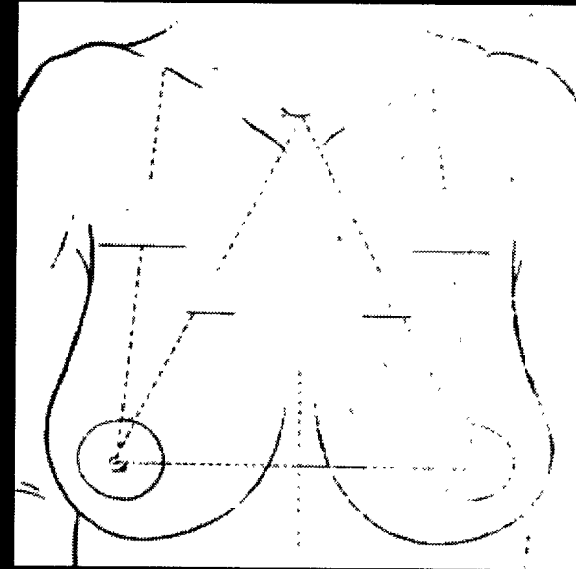
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# Managing Patient Expectations

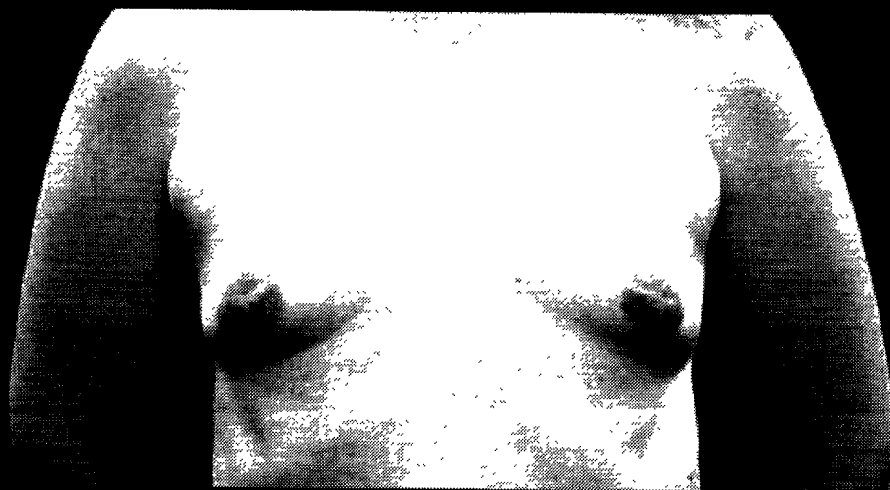
- Document Dimensions

- Breast Width
- SN-N
- Clavicle-breast  
(? low lying)
- Midline-Nipple
- Lat. Breast-Nipple  
(?lateral N-A)
- NA-IFC



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# Managing Expectations



Width 15cm, 4 Inter-breast Distance,  
NA-IFC Short, desires C-cup



L/R=325cc Subpectoral



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# *Managing Patient Expectations* *Improves Satisfaction*

- Implant dimension
  - Volume (cc)
  - Width (cm)
  - Projection (cm)  
(mod/high)
- Patient Desires
  - Bra Size (B,C,D)
  - Cleavage,  
Lateral Breast
  - Bra Size(B,C,D)

# *Managing Patient Expectations*

## *Improves Satisfaction*

- Review Options and Known Data\*
  - Implant Location (SG vs. SP)
  - Implant Surface (Smooth vs. Textured)
  - Access Incision (IFC, Periareola, Transaxillary)

\*Implant and Surgery Related Health Risks



## *Implant Position Issues*

- Subglandular Position
  - Requires adequate tissue coverage to prevent wrinkling and rippling
  - Smooth
    - Increase risk capsular contracture (III/IV)
  - Textured
    - Increase wrinkling / rippling
    - Decrease risk for capsular contracture
  - Less Pain
  - Faster Recovery

## *Implant Position Issues*

- Subpectoral
  - ↓ Capsular contracture risk
  - Pts. With Insufficient breast tissue
  - Smooth\* (palpable inf, rippling in thin pts.)
  - Textured\* (wrinkling, rippling in very thin pts.)
  - Pain management required
  - Longer recovery
  - Biplanar approach can correct some ptosis

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\*No difference in risk for Capsular Contracture

# *Patient Self-Monitoring and Training*

- Plastic Surgeon and Staff  
Directed Education
- Reinforce at time of F/U visits
- Teach Baker Classification for  
documentation and communication  
with patient and staff

# *Patient Self-Monitoring and Training*

- Teach Two Self Exams to Aug Patients
  - Implant Mobilization & Integrity Check-up
    - Daily to mobilize implant in four directions and to check for changes in surface contour (?early sign of silicone gel implant surface tear)
  - Tumor Monthly Self Exam
  - Annual Doctor Visits

# *Patient Self-Monitoring* *and Training*

# *Patient Self-Monitoring and Training*

- Silicone Gel True Rupture Rates Unknown, Medical Literature Range 0.3-77%\*
  - Study Flaws
    - Type ,Age, and Generation of Implant not evaluated
    - Did not address H/O trauma, closed capsulotomy, iatrogenic rupture during removal
    - Most imaging studies did not confirm implant status at removal and were not randomized

\*Brown(1997), Brown(2000), Holmich (2001, 2003), Kjoller(2002), Marotta (1999, 2000, 2002)

# *Patient Self-Monitoring* *And Training*

- Factors that affect mammogram quality in augmented women
  - Radiopacity of implants
  - Capsular contracture
  - Pericapsular calcifications
  - Implant position (breast tissue obscured more with SG)
  - Radiographic techniques
  - Mammographer experience

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# Patient Self-Monitoring And Training

- Effectiveness of displacement views\*

## Subglandular implant

Compression view	43% obscured
Displacement view	37% obscured

## Subpectoral implant

Compression view	26% obscured
Displacement view	15% obscured

\*Eur.J.Ca 1992;28(2):635-640



# *Patient Self-Monitoring* *And Training*

- Clinical significance of mammogram issues
- Large cohort studies\*
  - Did NOT find breast cancer detected at a later stage in breast implant patients vs. General population
  - Did NOT find prognosis or survival difference in women with cancer and breast implants vs. General population

\*Brinton(2000), Holmich(2003)

# Patient Self-Monitoring And Training

- If patient has Baker III/IV
  - Consult breast imaging specialist at a certified center
    - Often have dedicated radiologist specializing in non-invasive and invasive breast imaging

# *ALGORITHM For Breast Cancer Detection In Augmentation Patients*

- SG/SP saline/silicone gel (Baker I/II)
  - Mammogram (if age appropriate) with compression views
  - Monthly self exam
- SG/SP saline/silicone gel (Baker III/IV)
  - As above (often useless)
  - Ultrasound (not sensitive)
  - MRI (Multiplanar multisequence imaging with fat/water suppression before and after IV gadolinium)

# *Patient Self-Monitoring* *And Training*

- MRI (Multiplanar Multisequence imaging with fat / water suppression before / after IV gadolinium)
  - Very expensive ( \$1500-2000)
  - Very sensitive however NOT specific enough (can over / under diagnose implant integrity)

(57y/o pt. JS, 30 yr Silicone gel, SG Baker IV . MRI: extra capsular rupture R, intact L. Intraop: R&L INTRA capsular rupture)

## *Conclusions*

- Manage patient expectations
  - Complete preoperative evaluation
  - Complete review of short term and long term implant and surgery related risks
  - Patient & plastic surgeon decide
    - Implant size, style, position and access incision based on patient preexisting anatomy, desires and manufacturer specifications

## *Conclusions*

- Patient self-monitoring and training
  - Patient self exam – daily, monthly
  - Imaging as indicated by age, family hx, exam  
(consult imaging specialist for SG baker III/IV)
  - Yearly follow-up
    - Assess implant integrity
    - Reinforce self-monitoring
    - Updates on implant information

# *Thank You*

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Evolution and Advances in Breast Surgery – 2004: Accurate Initial Assessment / Patient Self Monitoring